

**WEST MICHIGAN CONFERENCE SCHOLARSHIP'S ARE AWARDED ON A FIRST COME FIRST SERVED BASIS, SO APPLY EARLY!**

**BOARD OF CHRISTIAN CAMPING**  
West Michigan Conference of the United Methodist Church

# Application for Camp Scholarship

Camp scholarships are intended to help those who might be financially excluded from attending camp. Scholarships will be granted to those who need financial assistance beyond what is available locally. **Conference scholarships are awarded on a first come first served basis, so apply early. Funds are usually depleted by April!**  
**The \$50 deposit is required before any camper will be considered for scholarship.**

Instructions: This form is to be completed by the persons indicated for each section and **submitted with the camper's registration form to the Camp Registrar's Office, PO Box 6247, Grand Rapids, MI 49516**

**THIS SECTION TO BE COMPLETED BY CAMPER OR CAMPER'S PARENT/GUARDIAN.**

Personal Information of Applicant for Financial Help:

Camper's Name \_\_\_\_\_ Male Female (circle one)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Local Church/Dist. \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_  
If a child or youth Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed this June \_\_\_\_\_

Heritage of Camper: \_\_\_ Asian American \_\_\_ Hispanic American \_\_\_ Caucasian \_\_\_ Other  
\_\_\_ Bi-racial Parentage \_\_\_ African American \_\_\_ Native American

How many times has the applicant attended a United Methodist (UM) camp? \_\_\_\_\_  
Number of family members attending UM camps this year? \_\_\_\_\_  
How many non-UM camps will family members attend this year? \_\_\_\_\_  
**Camp the person wishes to attend** \_\_\_\_\_ **Camp #** \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PASTOR**

Total cost of Camp \$ \_\_\_\_\_  
Local Church will pay \$ \_\_\_\_\_  
Camper will pay \$ \_\_\_\_\_  
Amount of Scholarship request \$ \_\_\_\_\_

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Does this camper meet those criteria? \_\_\_ Yes \_\_\_ No  
**MUST HAVE PASTOR'S SIGNATURE TO BE CONSIDERED FOR CONFERENCE SCHOLARSHIP!**  
Pastor's Name (please print) \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Pastor's Signature \_\_\_\_\_ Church \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE\*\*\*\*\*  
Amount of Scholarship Grant \$ \_\_\_\_\_ Date Granted \_\_\_\_\_  
Notification sent: Applicant \_\_\_\_\_ Dean \_\_\_\_\_ Vouchered \_\_\_\_\_ Deposit \$ \_\_\_\_\_